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SDNY CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2022 JAN 04 AM 10:28

Michael E. Meggison

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

Bikers Island security team of AHKC  
New York Department of Corrections

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: excessive force with a weapon

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael

First Name

E

Middle Initial

Megginson

Last Name

Michael E. Megginson

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-210-2023

Prisoner ID# (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC

Current Place of Detention

18~18 Haven st

Institutional Address

East Elmhurst

County, City

Ny

State

11370

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other:

VOP

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: T-post by main intake

Date(s) of occurrence: 12/19/21 or 12/20/21

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Approximately 12:30 to 2:30 pm on 12/19/21 Monday, Mr. Michael E. Meggison B/c 241-210-2023, was coming from sick call. I ask the captain who had escorted me to sick call with c.o. Mrs. Bonner if I may speak to security c/o Hodges who works at the T-post by main intake. I rushed to the T-post but the officer in the T-post Bubble start to close the gate on me but I went through. Before the gate shut, then I was quickly approached by 7 c.o.'s of the security team and I believe two security captains who aggressively withdrew their o.c. due to the unknown escorting captain to them to spray me. I explained I was only coming to speak to Hodges, but all officers started to continuously spray me. I put my hand hands up to show I meant no harm. Then the captains sprayed their MK-9 OC gas in which start to impair my vision. Then I was rushed and attacked by all officers and I believe both captains defended myself but in the process I was struck with a baton over my face causing me to badly bleed out of my face (~~left side~~) (Right side) by my temple.

Then brutally jumped, sprayed multiply time more and them the security team officers start to strike me in my ribs with the baton and broke it by hitting me, then i heard officer Bonner give another baton to them in which they used to forcefully pry my arms open and place Restraints on me.

I left in the main intake shower pit without decontamination and i was shackled for hours until i passed out from not being able to breathe from OC gas and sever pain from the right side of my face, all was on camera.  
**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I obtained a 13 to 24 inch laceration to the right side of my facial area by My temple, i received medical glue and paper stitches and X-rays.

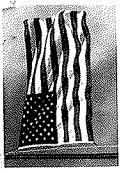
swelling to my face and eyes from exposure to OC and MK-9 gas.

as well a hematoma on My Right skull area on My head.

## VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like to be compensated for pain and suffering in the amount of \$80,000.00 for excessive force with a weapon, being sprayed abusively, and all other injuries



To: United States District court  
Southern District of New York  
500 Pearl Street, Proc. Sec. Intake Unit  
New York, NY 10007

Mr. Michael E. Reggison  
B/C #41-210-Add's  
18018 Haven St  
East Elmhurst, NY 11370

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